

YOUR MENOPAUSE GUIDE

pause[®]

WINTER 2013

From The American Congress of Obstetricians and Gynecologists

EVERYTHING
YOU NEED TO
KNOW ABOUT
MIDLIFE HEALTH

Have You Had A
*Well-Woman
Exam?*

**HANDBAG
HAZARDS**



*I JUST
HAD A HOT
FLASH!*

Ovarian Cancer —
Silent Killer No More

features

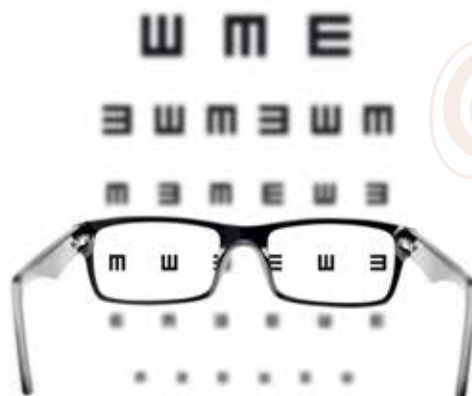


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WINTER 2013

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Happy New Year!

The cover may be retro, but women's health care has come a long way over the past couple of decades. There was a time not too long ago that women just didn't talk about menopause. Many women suffered quietly through the hot flashes and kept it moving. Today, thankfully, not only do we know so much more about menopause, but we are talking openly about it. Progress!

It should come as no surprise that once you reach your early 40s to early 50s, health-related issues that you never paid much mind to now demand your attention. In this issue we're tackling several important health concerns every woman should know about.

Let's face it: Many of us tend to ignore symptoms hoping they'll just magically go away. When it comes to ovarian cancer, though, this can be deadly. In *Ovarian Cancer—Silent Killer No More* you'll discover why it's a myth that ovarian cancer has no symptoms. In *The Annual Well-Woman*, you'll get the 411 on which tests you need at your yearly ob-gyn office visit. No doubt you'll find *Handbag Hazards—Is Your Purse Making You Sick?* eye-opening as well.

I hope you enjoy reading the new articles in this issue. Please continue to send your ideas and comments to pause@acog.org. We always appreciate hearing from our readers!

Isaac Schiff, MD
Chair, Medical Advisory Board



MEDICAL ADVISORY BOARD



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BROUGHT TO YOU BY

The American Congress of Obstetricians and Gynecologists (ACOG)—the nation's leading group of physicians providing health care for women. As a private, voluntary, nonprofit membership organization, ACOG:

- Serves as a strong advocate for quality health care for women;
- Maintains the highest standards of clinical practice and continuing education of its members, who include nearly 90 percent of the nation's board-certified ob-gyns—more than 40,000 physicians;
- Promotes patient education;
- Increases awareness among its members and the public of the changing issues facing women's health care.



Ovarian Cancer— *Silent Killer No More*

By **Madonna Behen**



Gilda Radner . . . Jessica Tandy . . . Kathy Bates . . . Olympic gymnast Shannon Miller. What do these famous women have in common? They were all diagnosed with ovarian cancer, the fifth leading cause of cancer death among women.

While ovarian cancer has been called a “silent killer,” that term is no longer accurate, says Beth Y. Karlan, MD, director of gynecologic oncology at the Gilda Radner Cancer Detection Program at Cedars-Sinai Medical Center in Los Angeles.

“It’s time to debunk the myth that ovarian cancer is a silent killer,” says Karlan. “More than 95 percent of women with ovarian cancer have symptoms. But unlike *screaming red flags*, such as abnormal vaginal bleeding, the ovarian cancer symptoms are more like whispers. Women need to learn to listen for those whispers.”

In addition, thanks to advances in surgical techniques and new chemotherapy regimens, “today, it’s possible for someone to live with ovarian cancer and not just die from it,” says Karlan. “When I was training in the 1980s, the mean survival was under two years, and today it’s over five years, and I have many patients who were diagnosed more than 10 years ago.”

Here's what you need to know about ovarian cancer:

Who is at Risk?

One of the biggest risk factors for ovarian cancer is advancing age. Epithelial cell cancer, which accounts for roughly 90 percent of all ovarian cancers, typically occurs between the ages of 50 and 75. "We don't know exactly why the risk of ovarian cancer increases with age, but one theory is that there are genetic alterations in the ovarian cells that accumulate over a long period of time," says Karlan.

The other big risk factor involves your personal or family history of cancer. If you have had breast cancer, or if you have a family history of breast, ovarian, colon, or endometrial cancers, your risk of ovarian cancer is likely to be higher than the average woman. That's especially true if you have the genetic mutation BRCA1 or BRCA2, which accounts for roughly 10 percent of all ovarian cancer cases. Women with a family history are often diagnosed with ovarian cancer before menopause.

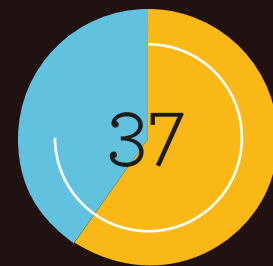
"It's very important to know your family history on both sides of your family, because you are just as likely to inherit a genetic predisposition to a woman's cancer from your father's side of the family as you are from your mother's," says Karlan. For instance, if your father's sister had ovarian cancer, that increases your risk for ovarian cancer just as much as if it were your mother's sister.

Never having children, or having infertility, is also believed to increase your risk of ovarian cancer, but Karlan says the infertility connection isn't so cut and dry. "There's a lot of debate among researchers about whether ovarian cancer is really linked to the *cause* of infertility," she says. For instance, if your infertility was due to tubal factors but your ovaries functioned normally, then your risk of ovarian cancer may not be any higher than in the general population.

If you have used the birth control pill, you helped lower your risk of ovarian cancer. In fact, oral contraceptives (OCs) are often recommended for women at high risk for developing hereditary breast and ovarian cancer. Reducing the number of times you ovulate in your lifetime reduces your risk for ovarian cancer.

bloating

*more frequent
urination*



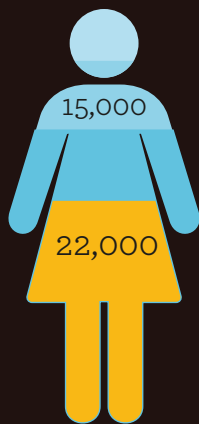
Every 37 minutes in the US, a woman is diagnosed with ovarian cancer.

Source: Ovarian Cancer National Alliance

*increased
abdominal size*

*pelvic or
abdominal pain*

*difficulty eating or
feeling full quickly*



An estimated 22,000 women will be diagnosed with ovarian cancer in the US this year and more than 15,000 will die from the disease.

Source: National Cancer Institute

The Most Common Symptoms

The five most common symptoms of ovarian cancer are:

- bloating
- increased abdominal size
- pelvic or abdominal pain
- difficulty eating or feeling full quickly
- more frequent urination

“If your symptoms last longer than a couple of weeks, then you really need to see your gynecologist for further evaluation,” says Dineo Khabele, MD, assistant professor of obstetrics and gynecology, and cancer biology, at Vanderbilt-Ingram Cancer Center in Nashville, TN. “It’s so important to know your own body and to speak up if you’re having symptoms that don’t go away.”

If you have symptoms, your ob-gyn will do a pelvic exam and will probably also order an ultrasound of your ovaries to look for suspicious growths, along with a blood test to measure CA 125, a protein made by ovarian cancer cells. Karlan says it’s important for your pelvic exam to include a recto-vaginal exam, which is when your doctor simultaneously places one finger in your rectum and another in your vagina to check for fullness or fluid around your ovaries.

If you have a suspicious mass on your ovary, it may or may not be cancer. But the only way to know for sure is with a biopsy, in which doctors must remove the entire ovary and test the cells.

“For a woman who is advised to undergo surgery for a suspicious pelvic mass, I strongly recommend that she consult with a gynecologic oncologist,” says Gloria S. Huang, MD, a gynecologic oncologist at Montefiore Medical Center and an associate professor of obstetrics and gynecology and women’s health at Albert Einstein College of Medicine in New York City.

“We are not only trained as skilled surgeons for ovarian cancer operations, but we’re also trained in prescribing the appropriate chemotherapy for ovarian cancer,” says Huang. “Many studies on outcomes from ovarian cancer demonstrate that women treated by a gynecologic oncologist have a better likelihood of prolonged survival compared to care rendered by nonspecialists.”

Should All Women Be Screened For Ovarian Cancer?

For cervical cancer, there's the Pap test, and for breast cancer, there's the mammogram. So why don't doctors regularly screen all women for ovarian cancer with ultrasounds and blood tests?

The answer is simple, says Khabele: "It does not make sense to screen the general population because there's no evidence that the current tools we have would be helpful," she said.


The American Congress of Obstetricians and Gynecologists states that currently there is no effective screening strategy for ovarian cancer. This past September, the US Preventive Services Task Force recommended against routine screening for low-risk women without symptoms based on a study of 80,000 women that found that screening women annually with ultrasounds and blood tests didn't lower the risk of death from ovarian cancer. What's more, annual screening ended up causing more harm than good, because many women ended up having surgery unnecessarily.

Advances in Treatment

Today, the majority of women with ovarian cancer are diagnosed at stage three or four, which is when their cancer has spread beyond the ovaries to the abdomen or other parts of the body. "Because of the location of the ovaries deep in the pelvis, enlargement or growths on the ovaries may not be noticed and may not cause any symptoms until they are quite large and have already metastasized to other areas," says Huang.

Treatment for ovarian cancer typically involves surgery followed by chemotherapy, says Mehdi Kebria, MD, a gynecologic oncologist at the Cleveland Clinic in Ohio. "We know that when ovarian cancer patients have surgery where we're able to leave a minimal amount of residual disease, they respond better to chemotherapy, and that leads to improvements in survival," says Kebria.

In addition to surgery and chemotherapy, many women with advanced ovarian cancer are now being given a targeted cancer medication known as bevacizumab (Avastin®), which helps prevent tumors that don't respond to chemotherapy from growing.

"A lot of our research is slow going and frustrating, but if you look at the differences at how long women are living with ovarian cancer today versus 20 or 30 years ago, it's really remarkable," says Khabele. 

Menopause:

THE QUIZ

By Lisa Collier Cool

Call me a red-hot mama! Or just call me postmenopausal, because my ovaries and uterus have officially retired from active duty after giving me three terrific kids who are now grown women. I went through the change of life at 51—the average age for menopause. But the process actually began a few years earlier, with mysterious glitches in my cycle as my hormones started to misfire.

Missing a period made me wonder if I was pregnant, and then I had an unusually light one a few months later, which I chalked up to stress.

It wasn't until my internal thermostat went haywire one afternoon that I put the clues together. After sipping a cup of tea with friends, a fiery sensation exploded in my face and chest. Suddenly I was mopping sweat off my brow and frantically fanning myself with my napkin. Wow, I thought, did I have too much caffeine today—or was that a hot flash? Could this be perimenopause (the two to four years before menopause)?

Wondering if you're there yet? This quick quiz will help you assess your symptoms—and find out what to expect during this often-confusing stage of life.

1 What's your biggest sleep problem?

- (A) I toss and turn, fretting about everyday hassles.
- (B) I've started waking in the night with sweats or chills.
- (C) I'm having more trouble falling or staying asleep, for no apparent reason.
- (D) Sometimes I'm tired or sluggish in the morning.

2 If you tried on your wedding dress today, how well would it fit?

- (A) I'd have no trouble zipping it up.
- (B) It would be too tight in the waist.
- (C) It would be too tight in the hips.
- (D) It would be too tight all over.

3 How do wine and coffee affect you?

- (A) Coffee perks me up and wine makes me mellow, unless I overindulge.
- (B) Both make my chest burn and give me a sour or bitter taste in my mouth.
- (C) Both make me hot, flushed, and sweaty.
- (D) They might trigger a headache.

4 Which of these best describes your emotional state?

- (A) A sunny afternoon, because I'm usually calm and cheerful.
- (B) A gathering storm, because I often feel gloomy or irritable.
- (C) A windy day, because lately, my moods swirl unpredictably from high to low.
- (D) A foggy morning, because I've become forgetful.

5 Have you noticed any change in your complexion?

- (A) I can't believe I'm getting zits at my age.
- (B) I have new or deeper wrinkles.
- (C) I'm getting brown spots.
- (D) My skin looks pretty much the same.

6 How's your sex life?

- (A) Terrific—I'm having a lot more fun in bed.
- (B) Not so hot—I'm not as interested as I used to be.
- (C) Uncomfortable—I have vaginal dryness.
- (D) The same—I haven't noticed anything different.

7 You wonder if it's time to talk to your ob-gyn about perimenopause because your period:

- (A) has gotten lighter.
- (B) has gotten heavier.
- (C) is increasingly erratic.
- (D) hasn't changed, but you're over 40 and want to know what's ahead.



1 Stewing over hassles at night

(A) is more likely to be triggered by stress than the change of life. Night sweats or chills **(B)** are common during perimenopause. However, “new onset of hot or cold sensations may signal a thyroid disorder,” notes Andrew W. Kaunitz, MD, associate chair of obstetrics and gynecology at the University of Florida College of Medicine-Jacksonville. Twenty-seven million Americans, 80 percent of them women, have an over- or underactive thyroid, both of which can be diagnosed with a blood test to check thyroid levels. All women should start getting tested at age 50 and then get tested every 5 years, or as advised by your doctor. There are several reasons for trouble falling asleep **(C)** or morning fatigue **(D)**, including the change of life. Estrogen fluctuations can rob you of REM (rapid-eye movement) sleep, the dream stage that helps you recharge during the night. As a result, you don’t feel rested in the morning.

(A) = 0 points (B) = 10 (C) or (D) = 5
SCORE _____

2 You’re more likely to gain a few pounds during the midlife transition than stay the same (A).

The typical pattern, adds Mark S. DeFrancesco, MD, MBA, medical director of Physicians for Women’s Health in Waterbury, CT, “is putting on weight around the middle, giving you an apple shape” **(B)**. Often, the culprit is hormonal shifts that influence fat distribution. However, aging and a slower metabolism also play a role, since men can develop middle-aged spread too. Bigger hips **(C)** or all-over gain **(D)** aren’t linked to the change of life.

(A) = 0 points (B) = 10 (C) or (D) = 0
SCORE _____

3 It’s normal to be stimulated by coffee and sedated by wine

(A). Both can spark heartburn **(B)**, burning in the chest, and a sour or bitter taste in your mouth after meals, lasting a few minutes to several hours. It often strikes during middle age, especially if you’re overweight. Caffeine and alcohol—as well as

spicy foods—are also hot flash triggers **(C)**, sparking a sudden surge of heat in the upper body and face. You may turn red or break out in a sweat. Flashes can occur any time, day or night, and affect 75 to 85 percent of perimenopausal women. If they’re frequent or severe, talk to your doctor about hormone therapy or other options for short-term relief. If you’re prone to headaches **(D)**, which have a variety of causes, the change of life may worsen them.

(A) = 0 points (B) = 10 (C) or (D) = 5
SCORE _____

4 Some women sail through perimenopause calmly (A).

“However, patients frequently report increased irritability or bouts of the blues,” **(B)** says DeFrancesco. “This doesn’t usually happen every day, but if it does and interferes with normal activities, have your doctor screen you for depression.” Warning signs of depression include not wanting to get out of bed in the morning, overeating or appetite loss, persistent sadness, and feelings of worthlessness. Mood swings **(C)** are a common sign of perimenopause,

adds DeFrancesco. "Some patients call it hormonal chaos because it's such an unpredictable time. You feel one way in June, but then everything changes in July in terms of both physical and emotional symptoms." If you're on an emotional rollercoaster or chronically down in the dumps, discuss treatment with your doctor. Dips in estrogen may lead to forgetfulness, but the cause could also be restless nights **(D)**, explains Kaunitz. "Your memory can suffer when you miss out on REM sleep."

(A) = 0 points (B), (C), or (D) = 10
SCORE _____

5 Although it doesn't happen to every woman, pimples can mark the approach of menopause, **(A)** says

DeFrancesco. "As estrogen drops, you may reach a stage where testosterone predominates, which can give some women acne since these male hormones affect skin." Laugh lines, crow's feet, and other creases **(B)** result from loss of skin elasticity, not perimenopause. If you smoke, here's another reason to kick the habit: It speeds up skin aging. Liver spots (flat brown-black marks) frequently occur after age 40 in both men and women **(C)**. They typically bloom where you've gotten the most sun exposure, such as the face, hands, and shoulders. Be sure to wear sunscreen and avoid midday sun exposure, when rays are most intense. Working out several times a week, staying hydrated, and eating a well-balanced diet also help keep your skin looking its best **(D)**.

(A) = 10 points (B) or (C) = 5
(D) = 0 points SCORE _____

6 Here's an exciting secret about menopause: Sex can actually get better

(A) since you may feel more spontaneous and adventuresome when pregnancy is no longer a worry. But you should continue using contraception until you're officially post-menopausal (no periods for 12 consecutive months). During perimenopause, you may find that it takes longer to get aroused or your libido diminishes **(B)**. Solutions include spending more time on foreplay and experimenting with different positions. Low estrogen levels lead to a drier vagina and discomfort during lovemaking **(C)**. Try an over-the-counter lubricant. Regular sex, which increases blood flow to the genitals, also helps. Sexual responses may not change during perimenopause, especially in the early stages **(D)**.

(A), (B), or (C) = 10 points (D) = 0
SCORE _____

7 Lighter Periods

(A) may mean you're in perimenopause—or have an overactive thyroid, which can also cause sweating, weight loss, and intolerance of heat. Heavier periods **(B)** could be triggered by a fibroid tumor. These benign growths in the uterus typically occur in women in their 40s or early 50s and may cause painful sex, increased urination, or pelvic fullness. An underactive thyroid can also spur abnormal periods, plus weight gain, pale skin, and constipation. See your ob-gyn for an exam, and discuss what tests may be needed. Increasingly erratic periods are the No. 1 sign that you're on the road to menopause **(C)**. Still, other factors may throw your cycle out of sync, including stress, travel, being significantly over- or underweight, illness, or certain medications. Work with your doctor to find out what's going on and if treatment is needed. If your period is still regular **(D)**, you're probably not in perimenopause yet. But it's smart to educate yourself about what lies ahead and partner with your ob-gyn. That lets you approach the change with confidence that you're taking good care of yourself—and your health.

(A) or (B) = 5 points (C) = 30 (D) = 0
SCORE _____ **D**

SCORING

Zero to 20 points. You have few or no signs of perimenopause. Let your doctor know about any new symptoms you may experience.

25 to 50 points. You have some indications that the transition has started, so if you haven't talked to your doctor about perimenopause, now's the time to schedule an appointment and have that discussion.

55 to 90 points or more. You have all or most of the typical midlife changes. Work with your ob-gyn to ease any symptoms and keep a positive attitude as you navigate this natural transition. And welcome to the red-hot mamas' club!

Have You Had a Well-Woman Exam?

By Lisa Collier Cool

When I had my annual well-woman exam, I expected my ob-gyn to tell me that I was in excellent health, as usual. During the pelvic exam, however, the doctor detected a lump in my uterus. It was a huge relief when an ultrasound scan showed that I didn't have cancer. Instead, the lump turned out to be a fibroid tumor, a type of benign tumor relatively common in middle-age women. Later, when my fibroid tumor became bigger and started causing bothersome symptoms, including heavy periods, my ob-gyn treated me with surgery.

A major part of the value of a well-woman exam is being checked for hidden serious medical problems that may not be causing any obvious symptoms, including conditions like breast or cervical cancer, type 2 diabetes, or high blood pressure, which initially do not cause any apparent symptoms. Even if you're healthy, your ob-gyn can alert you to potential risk factors for other dangerous disorders, such as heart disease, the leading killer of women in the US.

"Think of a well-woman exam as a preemptive strike against disease," says Jeanne A. Conry, MD, PhD, president elect of The American Congress of Obstetricians and Gynecologists (ACOG). "We assess your health care needs and keep track of when it's time for you to have a Pap test, cholesterol and lipid screening, bone density test, and a mammogram. We're there to be women's advocates and help you come up with a game plan to stay well at every age."

If it's time for you to have an annual comprehensive women's health assessment and exam that ACOG recommends, here's the good news: Under most employer-sponsored health plans, you won't be charged any copayment or deductible for



CERVICAL
CANCER
SCREENING

BREAST
CANCER
SCREENING

LIPID
PROFILE

DIABETES
TESTING

COLON
CANCER
SCREENING

THYROID
SCREENING

BONE MINERAL
DENSITY
SCREENING

ANNUAL
HEALTH
ASSESSMENT

well-woman care, thanks to new provisions of the Affordable Care Act that took effect on August 1, 2012. "It's very empowering for women not to have to worry about the cost of getting crucial preventive care," says Conry.

Which health screenings do you need?

The exams and screenings your ob-gyn may recommend during your well-woman visit can vary according to your age and risk factors. But don't wait until your annual exam to alert your doctor to any unusual symptoms you may be experiencing, even if you think it's perimenopause, cautions Conry. "It's common for women in their 40s or early 50s to have irregular periods, but your doctor needs to know if your periods suddenly get much heavier than usual or if they are occurring less than three weeks apart or you have daily bleeding or spotting, since these symptoms may signal cancer risk, in some cases."

However, there are also less worrisome reasons for heavier-than-usual periods, including having a benign fibroid tumor. "You shouldn't get overly alarmed if your periods become heavier, since many perfectly healthy women have this problem during

perimenopause," adds Conry. "One solution I often recommend to these patients is a hormonal intrauterine device, which provides long-acting, reversible contraception, with the added benefit of lighter periods."

Here's a look at common well-woman exams and screenings—and when to have them.

Cervical cancer screening. Having an annual Pap test is no longer recommended. Now, if you are age 30 and older, the preferred cervical cancer screening schedule is a Pap test plus an human papillomavirus (HPV) test performed together once every five years. Or, you can have just a Pap test without an HPV test once every three years. If you've had a hysterectomy with removal of the cervix and have no history of high-grade cervical precancer, you should discontinue Pap screening. Women 65 and older with three consecutive negative Pap results or two consecutive negative Pap plus HPV results within the previous 10 years and with no history of cervical cancer or high-grade cervical precancer may also discontinue screening. This video helps explain the revised recommendations. **Click [here to view video.](#)**

Breast cancer screening.

Breast cancer strikes about one in eight women during their lifetime. Average-risk women should begin having annual mammograms starting at age 40, plus a yearly clinical breast exam performed by your ob-gyn. (High-risk women may need to begin mammography screening before age 40.) Be aware of your breasts and alert your doctor if you notice any changes, including new lumps.

Lipid profile. This blood test measures your levels of cholesterol and triglycerides to help assess your risk for heart disease, the top threat to women's health. About two-thirds of women who die suddenly from heart disease had no previous symptoms—a key reason why it's important to be checked for such risk factors as high cholesterol. Your doctor will also check your blood pressure at each office visit because high blood pressure puts you at high risk of heart attack. Treating high cholesterol and high blood pressure through diet, exercise, and medication can help prevent heart attacks. ACOG recommends having a lipid profile every five years, starting at age 45.

Diabetes testing. About 26 million Americans have diabetes—and 7 million of them are currently

“A healthy lifestyle—eating the right diet, exercising regularly, avoiding smoking, and keeping your weight down—trumps almost everything else in reducing your risk for medical problems.”




undiagnosed, putting them at risk for serious complications, including heart attack, stroke, kidney disease, nerve damage, vision loss, and lower-limb amputations. Have your blood sugar checked every three years after age 45 or at a younger age if advised by your doctor.

Colon cancer screening. Did you know that a colonoscopy can actually help prevent colon cancer, the second leading cancer killer? Most cases of this disease begin as precancerous polyps, abnormal growths in the colon or rectum. During a colonoscopy, a doctor examines the rectum and entire colon with a thin, camera-tipped instrument that can also be used to remove any polyps, potentially preventing cancer. This important exam is performed while you're sedated and is recommended once every 10 years, starting at age 50, or earlier if you have risk factors. Begin screening at age 45 if you are African-American.

Thyroid-stimulating hormone (TSH) screening. Your thyroid, a butterfly-shaped gland in the front of the neck, plays a key role in regulating your metabolism. If it's not working properly, many of your body functions are affected. ACOG advises a blood test to check TSH levels every five years, starting at age 50.

Bone mineral density screening. Over a lifetime, about one in two women will suffer a broken bone due to osteoporosis, the brittle-bone disease. To find out if you're at high risk, start screening at age 65 (or at a younger age if you've had a bone fracture or have other high-risk factors). There are several screening methods, but the gold standard is a dual-energy X-ray absorptiometry (DXA) scan, which uses low-dose X-rays to measure the density of bones in your lower spine and hip, or your wrist, hand, leg, or heel.

Annual health assessment. Along with making sure you get the right screening tests and performing a physical exam, your ob-gyn will also evaluate your overall health, including your lifestyle, sexual health, and mental well-being. Your doctor may also ask whether you are up to date on your vaccinations. “We’re wellness coaches who tell you what you need to do to stay well in the years ahead,” says Conry. “Some patients may need a little nudge to lose a few pounds or quit smoking. A healthy lifestyle—eating the right diet, exercising regularly, avoiding smoking, and keeping your weight down—trumps almost everything else in reducing your risk for medical problems.” 

Stressed Out About Stressing Out?

By Cathy Cassata



Your parents are moving into assisted living, your daughter started college, your spouse is noticing your declining sex drive, and, to boot, you're working full-time, not sleeping well, and experiencing hot flashes. Sound familiar? Then it's time to focus on you. "Women are so used to carrying around the stress of supporting friends and family members that they often won't make time for themselves," says Carol Landau, PhD, clinical professor of psychiatry, human behavior, and medicine at Brown University Medical School in Providence, RI. "Once they realize that stress can physically hinder their ability to do things for others, they'll usually make the time." So put yourself first for a change—start now with the following stress-reducing tips.

Connect with friends

Talking with friends creates an emotional connection women identify with, according to Landau. "Your girlfriends just get it," she says. "Either it's because they're going through the same thing or

they can give a trusted outside opinion." Best of all, friends can provide comic relief. "When women talk about menopause together they usually laugh a lot, which is a great way to relieve anxiety," says Elaine Rodino, PhD, a psychologist in Santa Monica, CA. So make time for friends, even if it's meeting during lunch or running errands together.

Distract your mind


If you've addressed a concern, yet you're still worrying about it for more than 25 minutes without making progress, Landau says you've entered the danger zone of over-thinking. "Women tend to 'brood' more than men, and these women are at higher risk for depression," she notes. Learn to identify when you're over-thinking and then distract yourself with something you enjoy such as talking about clothes or watching TV. "The concept is freeing yourself from worries through playfulness," adds Landau. But remember balance. "You can't deny your problems nor can you always think through them."

Find serenity

Landau suggests meditating for 15 or 20 minutes a day. "Most women think meditation means emptying their mind, but it's really about focusing on something peaceful," she says. Rodino adds that there are several kinds of meditation, ranging from spiritual to pragmatic, which can be easily learned from a teacher or book. "The final result of any meditation is a relaxation of the mind and body, which really helps with stress," says Rodino. If meditation isn't your thing, try reading poetry, listening to music, or getting a facial or body massage.

Say "no"


Feeling pressed for time increases your stress levels, according to Rodino. So try waking up or leaving 15 minutes earlier and keeping free time in your schedule. "When you're on your way to point B, don't stop off and run an errand, just go to point B," Rodino says, noting that as people age, they are less capable of multitasking. "Just say 'no' to doing extra things even if you enjoy them. You'll feel better in the long run," she adds. If certain tasks must get done, delegate them to a spouse or child.

However you choose to reduce stress, remember resilience. "Women can handle more than they realize," says Landau. "And the upside of being middle-aged is having the composure and confidence that you can pull it off." 



The Aging of the Senses

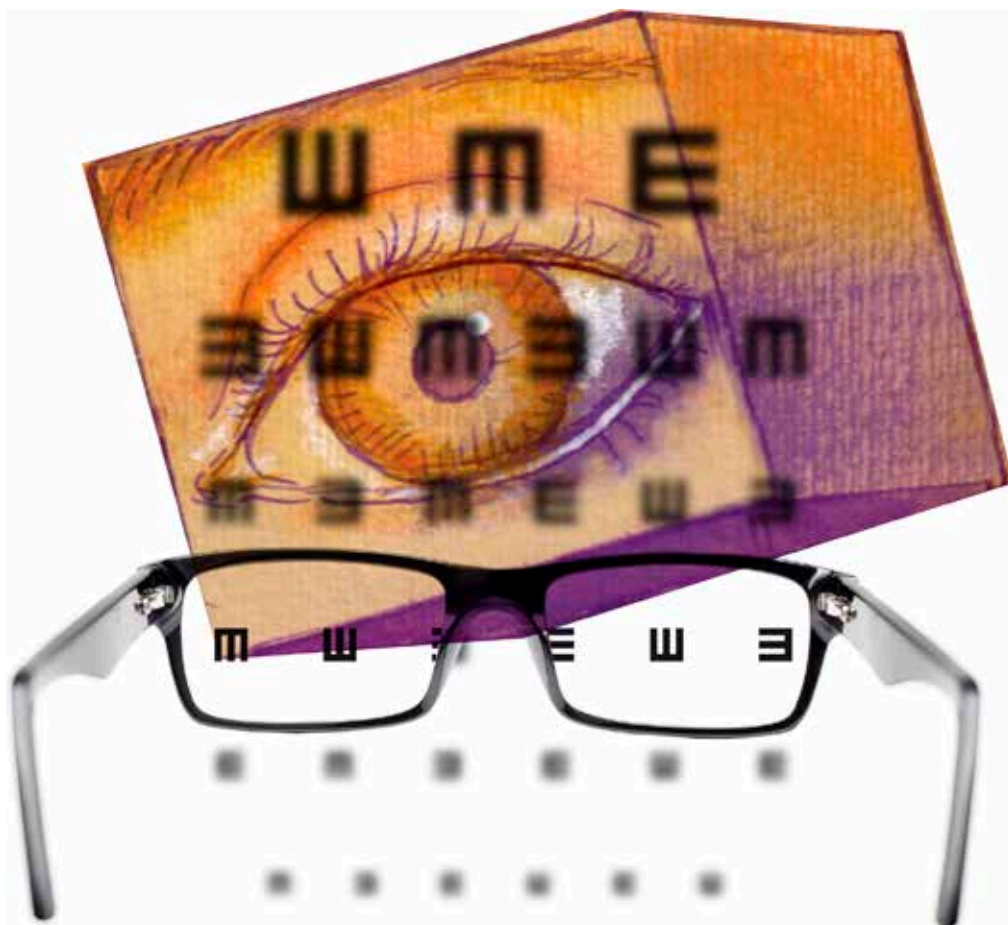
By Stacey Colino



Many of us take our senses for granted—until something goes wrong with one of them. That’s when we begin to realize just how crucial our sense of sight, sound, or smell is to our ability to function and enjoy life. After all, by allowing us to notice and appreciate the world’s brilliant colors, textures, sounds, and scents, our senses shape our reality, enrich our daily experiences, and help us gather important information from our environment, including warning us of possible threats or danger.

Unfortunately, sensory function declines somewhat as you get older, and various forms of environmental assault can harm your senses and accelerate this natural demise. Like most parts of your body, your senses are vulnerable to damage from noise, chemicals, air pollution, illnesses, and other negative influences. “Usually it’s a wearing out of the senses—the hearing is not quite as good as it used to be; the same is true of vision,” says Juergen Bludau, MD, director of the Center for Older Adult Health at Brigham and Women’s Hospital in Boston and the author of *Aging, But Never Old* (Praeger, 2010). “It’s a very gradual, slow decline.”

The good news is that you can take steps to protect your sensory organs from environmental damage and the effects of aging—and in some cases, even reverse them. Here’s what you need to know about taking care of your vision and hearing, in particular.



Sight for Sore Eyes

As you get older, your view of the world can shift. “One of the first things women notice during perimenopause is dry eyes,” says Marguerite McDonald, MD, clinical professor of ophthalmology at the New York University Medical Center and a cornea specialist with the Ophthalmic Consultants of Long Island in Lynbrook, NY. “This is partly because as you get older your tear ducts produce fewer and poorer quality tears—and women experience this more dramatically.” The reason: Levels of testosterone, a male hormone that helps regulate certain eye glands, decline during perimenopause and menopause; because women have much less testosterone than men do to begin with, the effects on the eyes are more pronounced. Note, though, that testosterone should not be used for treating dry eyes.

Besides creating inflammation and discomfort in the eyes, dry eyes can affect your vision. For a mild case, you can use over-the-counter artificial tears; if you need them regularly, McDonald recommends asking your doctor about prescription eye drops that increase natural tear production. You can also moisten your eyes

while you sleep by applying lubricating ointment inside the pocket of the lower lid, McDonald says, “and you will wake up with nice, bright eyes.”

Meanwhile, your need for reading glasses may spike in your 40s or 50s, thanks largely to the growth of cataracts. “As the lens of the eye stiffens, we lose the ability to focus while reading,” McDonald explains. Oxidative stress (from those unstable molecules called free radicals) and excessive exposure to the sun’s damaging ultraviolet (UV) rays can hasten the formation of cataracts, though “everyone will eventually get them,” McDonald says. Until they begin to affect your vision, cataracts can be left alone.

In your 50s, the incidence of glaucoma (a condition that leads to damage to the optic nerve) and age-related macular degeneration (which causes blurriness in the center of your vision) also increase. Both are leading causes of vision loss; however, in recent years, both conditions have become much easier to treat (with eye drops, injections, or laser surgery). “Even if there’s no family history of eye problems, get an annual dilated eye exam after age 40,” McDonald recommends.



Save Your Sight

Wear UV-blocking (both UVA and UVB) wraparound sunglasses to protect your eyes from unfiltered UV light and prevent wind from drying out the eyes. Consume foods rich in lutein and zeaxanthin like leafy greens, broccoli, corn, peas, and eggs to protect against age-related macular degeneration (AMD), as well as antioxidant-rich fruits and vegetables for general eye health. Taking an omega-3 supplement can also protect your vision and help lower your risk of developing AMD, McDonald says.

Now Hear This

Between exposure to high-decibel noise—from leaf blowers and construction vehicles to airplane traffic and noisy highways—and chronic use of MP3 players, the high volume of modern life is enough to harm your hearing or lead to ringing or buzzing in the ears (aka, tinnitus) as the decades pass. While men are more likely to experience hearing loss than women are, the incidence increases among both genders as we get older: Between ages 45 and 64, 18 percent of adults in the US have some degree of hearing loss, as do 30 percent of adults ages 65 to 74 and 47 percent of those 75 and older, according to the National Institute on Deafness and Other Communication Disorders.

While “some component may be genetic, hearing loss that happens with age is caused mainly by noise exposure throughout the lifetime,” says Rebecca Fraioli, MD, an assistant professor of otolaryngology-head and neck surgery at the Albert Einstein College of Medicine and Montefiore Medical Center in Bronx, NY. “The hair cells in the cochlea of the inner ear are what transform sound from vibration energy into a nerve signal (in the brain)—and injury to these cells is what usually causes hearing loss.” (Certain antibiotics, regular use of aspirin, and chemotherapy can




also compromise your hearing.) People often have hearing loss in the higher frequencies first, which may make it harder to hear other women's and children's voices or to catch every word in a conversation in a noisy restaurant.

Tinnitus often accompanies hearing loss but it can also occur on its own, and while it's usually harmless "it can be extremely disruptive," Bludau says. If it occurs in only one ear, get it checked by a doctor because sometimes one-sided tinnitus can be caused by a benign tumor on the hearing nerve, Fraioli notes; this can be easily diagnosed with a magnetic resonance imaging brain scan.

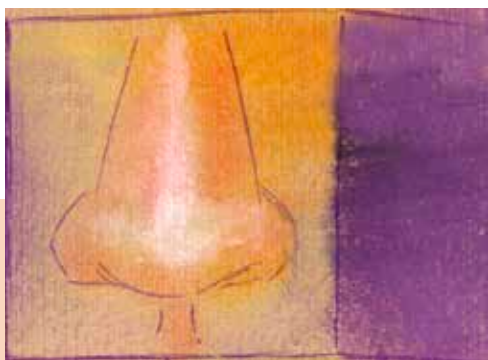
Save Your Hearing

Turn down the volume in your life—including your MP3 player, your stereo, and TV. Wear earplugs when you're exposed to loud sounds like a lawnmower or a drill or when you're attending rock concerts. "Musicians' earplugs can allow you to hear the music but at a lower volume

that will protect your hearing," Fraioli says. There's also some evidence that antioxidants may help prevent hearing loss: Research from the University of Michigan found that consuming a higher intake of a combination of vitamins A, C, and E, along with magnesium, an hour before noise exposure appears to reduce hearing loss and sensory cell death.

In addition, everyone should have a baseline hearing test between the ages of 40 and 50, says Sarah Sydlowski, PhD, audiology director of the hearing implant program at the Cleveland Clinic in OH. But if family members and friends have to say everything twice for you to hear them, if speech sounds muffled to you, you frequently strain to hear conversations, or you feel like you can hear but can't understand what's being said, have your hearing tested sooner. "Being disconnected from others is stressful," adds Sydlowski, noting that the latest generation of hearing aids is so small and discreet that they may provide a welcome solution for hearing loss. 

“The olfactory nerves are the only nerves that are exposed to the environment.”



What the Nose Doesn't Know

If your sense of smell doesn't seem as sharp as it used to be, it may not be your imagination. "The olfactory system is constantly being damaged, but exactly when it gets to the point where it makes a noticeable perceptual difference varies significantly from one person to another," says Beverly Cowart, PhD, director of the Monell-Jefferson Taste and Smell Clinic in Philadelphia, PA. "The olfactory nerves are the only nerves that are exposed to the environment." Which means they can be damaged by exposure to particulate matter, insecticides, solvents, cigarette smoke, and other pollutants.

In addition, head trauma, dental problems, nasal polyps, and frequent colds and upper respiratory infections can damage the sense of smell. "Women become more vulnerable to viral damage after menopause—it may be hormonal, but there appears to be actual damage to the olfactory nerve cells," Cowart explains. Making matters worse, if you lose some of your sense of smell, you'll lose some of your sense of taste—your ability to perceive flavors of food—because the two senses are so closely linked.

To preserve your sense of smell, avoid exposure to caustic chemicals (including pesticides and harsh cleaning products). If you need to use them, do so in a well-ventilated area or consider wearing a mask. "Consume a healthy diet because any severe dietary deficiency may harm your sense of smell," Cowart warns. On the positive side of the ledger, engaging in "olfactory training and practice can improve your sense of smell and stimulate nerve growth," Cowart says. Every few days, treat yourself to a blind scent-test: Take a whiff of different foods or flowers and try to identify them based solely on their sense of smell, not by looking at them.

beyond beauty

Handbag *Hazards*

Is Your Purse Making You Sick?

By **Karen Doss Bowman**



Sarah Dean Litten of Brentwood, TN, isn't overly obsessive about germs—but she's picky about where she places her purse.

“**M**y purse has never been on a public restroom floor,” says Litten, who admits that an “expensive purse habit” drives her to be especially protective of her handbags. “If I’m in a bathroom with no hook, I will either hang my purse around my neck or hang it on the corner of the stall door, if possible.”

Litten is wise to be particular about where her purse lands. Studies have shown that bacteria—from *E. coli* (fecal bacteria) to salmonella—might be lurking on a woman’s purse. Those germs get picked up when we mindlessly plop our purses down on the floors of public restrooms, restaurant floors, subways, and buses, and then we carry them into our homes where they may cause us to get sick.

Charles (Chuck) Gerba, PhD, an environmental microbiologist and professor at the University of Arizona, has made numerous appearances on national media news shows to conduct experiments showing where germs lurk in your home and in public places. Gerba says about 25 percent of the purses he’s sampled were contaminated on the outside surface with *E. coli*.

“That’s largely because women are putting their purses down on restroom floors and they’re picking up these germs,” says Gerba, who’s also affectionately known as “Dr. Germ.” “One of the most contaminated places with fecal bacteria in a public restroom is the floor.”

How do the germs get there?

Think about how often you come home from work and set your purse down on the kitchen table. The germs are transferred to that surface. When you touch the surface and absentmindedly bring your hands to your mouth, nose, or eyes, there's potential for getting sick. The average adult brings her fingers to her face about 16 times an hour, Gerba says. (Small children do this about 81 times an hour.)

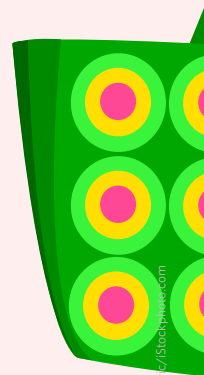
If you keep the purse closed, the germs aren't likely to go into the purse. But consider where your cellphone and other items you keep in your purse have been and whether they're likely to have been exposed to germs.

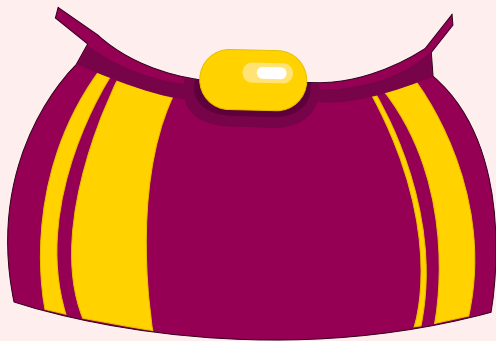
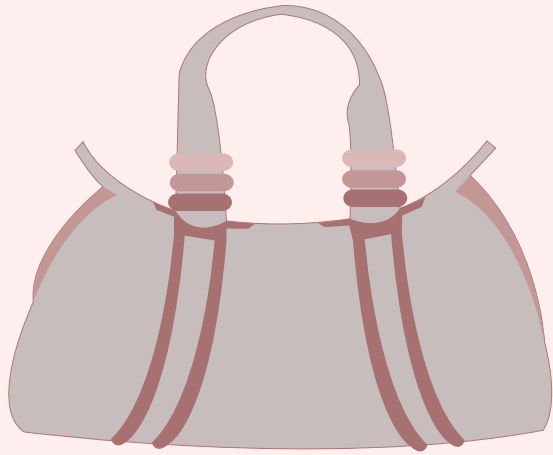
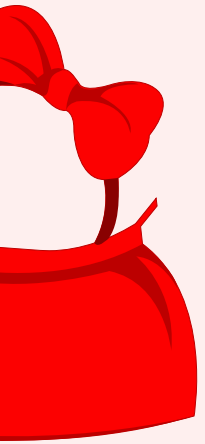
"Cellphones are really contaminated because people never clean them," Gerba says. "I joke that people talk dirty all the time because they don't realize their phones can pick up so many germs."

Avoiding Contact

Staying healthy doesn't mean you have to compromise on fashion. Here are some tips for keeping handbags as germ-free as possible:

1. **Don't set your purse on the floor** of a public restroom—or any public space, for that matter. Avoid taking your purse into the bathroom at all if possible. You and your shopping partner could take turns waiting outside the bathroom and holding each other's handbags.
2. **Keep the top of the bag closed** to avoid letting germs get on the inside.
3. **Occasionally wipe the bottom** of the bag with a disinfecting wipe or other safe cleaner.
4. **Don't put your purse on surfaces where food is prepared** or served, such as kitchen countertops and tables.
5. **Clean out your purse regularly.** Remove and clean items that may harbor germs, such as your cellphone, and throw away items such as used tissues.
6. **Consider buying a portable purse hook** to avoid the need for putting your purse on the floor in a public place.
7. **Always wash your hands.** "The biggest savior of your health is hand hygiene," says Ellie Barbarash, project coordinator for Occupational Safety and Health Administration-funded Health Workers Working Healthy in Philadelphia. "The simplest way to control germs on the bottom of your purse or any surface is to be conscious of washing your hands frequently."







WASH YOUR REUSABLE SHOPPING BAGS

A recent study traced a 2010 outbreak of norovirus (an illness that causes vomiting, diarrhea, and stomach cramps) among teenage soccer players in Oregon to a reusable shopping bag—proof positive that it's important to wash your bags regularly. This includes grocery bags, canvas tote bags, backpacks, and other reusable bags.

The study's co-author, Kimberly Repp, PhD, an epidemiologist with the Washington County Department of Health and Human Services in Hillsboro, OR, points out that DNA testing revealed the same strain of norovirus that made the teammates sick was present on the bag when it was tested two weeks after the onset of illness in the first person.

When someone becomes violently ill and is vomiting and has diarrhea, "the particles become aerosolized, so they go up into the air," Repp explains. "These particles happened to land on the shopping bag and everything else in that entire room. The bag was later transported by another teammate and got passed around and made everyone sick."


Repp recommends frequently washing reusable cloth grocery bags in hot water with detergent. For bags made out of plastic—the type of bag involved in the Oregon norovirus outbreak—check the manufacturer's cleaning recommendations. Even so, Repp points out that bleach is the only substance known to effectively kill the virus. "Even though the manufacturer probably would not recommend using bleach on these types of bags, I personally take the risk of damaging mine, and so far, they are fine," says Repp. "It's still important to clean these types of bags. If you use Clorox® wipes or something similar, you're going to kill lots of bacteria and other viruses—just not norovirus. That's a stubborn little bug."

A Source of Pain

Your purse may carry all kinds of nasty germs, but if you lug it around with everything but the kitchen sink, it can also be a pain in the neck—and the back. And even the breasts.

“It’s almost like an epidemic how purses and handbags are overweighted, and if it’s not causing a problem, most often it can make (an existing problem) worse,” says Chris Keating, a board-certified orthopedic specialist and director of Strive Physical Therapy & Sports Rehabilitation in Marlton, NJ.

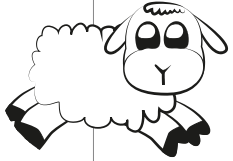
Heavy purses and laptop bags may cause joint and muscle injuries, such as tennis elbow, bicep strain, and neck strain, Keating explains. Women with conditions such as osteopenia and osteoporosis may have additional effects. Over time, carrying around a heavy bag can lead to a posture problem—especially if you always carry it on the same side of your body.

“With posture problems, these things take time to take hold,” says Keating. “It changes over time, but it happens slowly. Before you know it, there’s a problem.” 

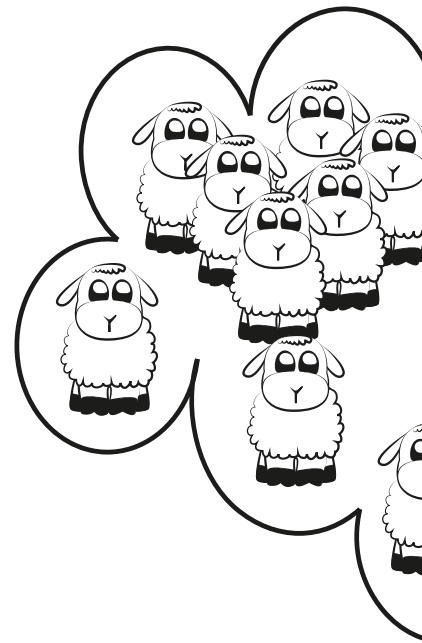


To prevent back and neck problems, try these tips:

1. **Use handbags that are made of lightweight fabrics** and soft leathers; skip designs with heavy metal accents and trim that add weight before you even put anything inside.
2. **Switch shoulders** from time to time to prevent imbalance on the muscles.
3. **Carry a smaller wallet**, or at least get rid of those extra keys, business cards, and coins.
4. **Don't carry a bottle of water in your purse.** If you really need one, make it a very small one.
5. According to the American Chiropractic Association, a bag exceeding more than 10% of your body weight can cause improper balance. **Carry a hand-held clutch purse or a lightweight purse** with the strap across your chest (like a messenger bag), a hip bag, or a backpack. Even better, try using a rolling bag.
6. **Develop an exercise program that focuses on improving posture** and strengthening core muscles, such as yoga or pilates.



How to Get a Good Night's Sleep



By Phyllis McIntosh

The scenario is all too familiar. You fall into bed hoping for a sound night's sleep. Instead, you toss and turn, mind racing, for what seems like hours. Or, you drift off to sleep quickly, only to wake again and again, struggling each time to return to peaceful slumber.

These are the classic signs of insomnia, which at least a third of American adults experience from time to time, according to the National Center for Sleep Disorders Research at the National Institutes of Health. The problem is most common among older people, especially women. In polls conducted by the National Sleep Foundation, 61 percent of postmenopausal women report trouble sleeping.

Aging and Sleep

Poor sleep is not a normal part of aging, although sleep patterns do change in later years. Scientists don't know why, but older people tend to get sleepy earlier at night and wake earlier in the morning and to spend less time in deep sleep. "Sleep needs don't change, and the ability to get a good night's sleep shouldn't change unless there are other issues involved," says Meir Kryger, MD, a past

chair of the board of the National Sleep Foundation and author of *A Woman's Guide to Sleep Disorders* (McGraw-Hill, 2004). Those "issues" include chronic medical conditions such as heart disease or diabetes and psychological stress such as financial worries or caring for ailing parents or a spouse.

Why Women Can't Sleep

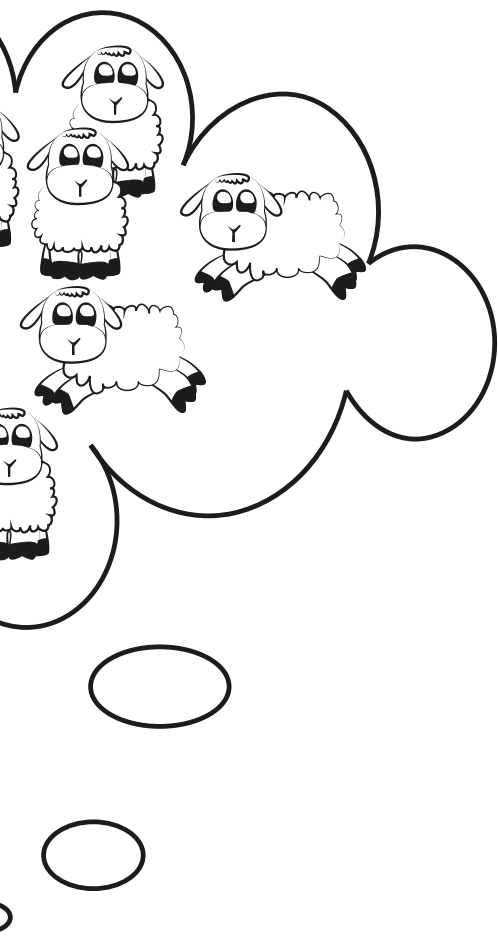
Earlier in life, hormonal fluctuations associated with menstrual cycles and pregnancy can interfere with a woman's sleep. At midlife, leading causes of sleep disruption include:

- **Menopause.** Decreased estrogen levels trigger hot flashes and night sweats in at least three-quarters of all women. See *Hot Flashes—Why Me???*, page 32, for ways to cope.
- **Sleep Apnea.** After menopause, women are as prone as men to develop sleep apnea in which tissues at the back of the throat collapse and block the airway,

causing breathing to stop briefly, up to hundreds of times during the night. Untreated, sleep apnea can lead to high blood pressure and other cardiovascular disease, memory problems, headaches, and depression. Loud snoring and gasping noises are the most common signs of sleep apnea, though women with the disorder also tend to complain of insomnia.

"We don't quite understand what it is about postmenopause that puts women at increased risk," Kryger says. "We do know that after menopause women no longer produce progesterone, a powerful respiratory stimulant, and this may play a role in preventing younger women from developing sleep apnea."

- **Restless Leg Syndrome (RLS).** This neurologic disorder causes unpleasant sensations in the legs and an irresistible urge to move them, especially when



the last three or four years show that reduction in sleep causes hormonal changes that lead to obesity," Kryger says. "There are a lot of things about obesity we don't understand, but it's looking like, for a lot of people, obesity may be related to not sleeping enough."

The good news is that there is much you can do on your own to improve your chances of getting a good night's sleep.

For example:

- **Avoid alcohol**, caffeine, large meals, and exercising in the evening. Regular exercise promotes good sleep; just don't do it near bedtime.
- **Try to go to bed at the same time every night** and get up at the same time every morning, even on weekends, to avoid upsetting your body clock.
- **Use the bedroom only for sleep or sex.** The television, computer, and work materials belong elsewhere.
- **Establish a relaxing bedtime routine**, such as a hot bath, reading, or listening to soothing music.
- **Create a cool, quiet, dark, comfortable sleep environment.** Earplugs, blackout shades, humidifiers, and "white noise" can help.
- **If you can't fall asleep** after 20 minutes, get out of bed and do something relaxing until you feel sleepy. Do not keep checking the clock. If the temptation is too great, move the clock out of sight.

If insomnia persists several nights a week for a month, it's time to see your doctor to rule out underlying causes, such as sleep apnea, depression, or other medical conditions.

If no treatable cause is found, you might try relaxation techniques, such as yoga, meditation, and guided imagery, or behavioral-cognitive therapy, which trains people to develop positive thoughts about sleep. Such measures can be highly effective, Kryger says, but they are not a quick fix and are not always covered by insurance.

If insomnia persists and underlying causes have been ruled out, prescription sleeping pills "work very well for people for whom nothing else works," Kryger says. "The reality is that sleeping pills today are dramatically safer than they were, say, 30 years ago." As a result, newer drugs can be taken for a longer term, if necessary.

Many different formulations are available, so be sure to let your doctor know if you experience unsatisfactory results—shortened sleep and waking up drowsy are the most common—or rare amnesia-like side effects, such as getting up and eating in the middle of the night but having no memory of it. And, of course, you should never mix sleeping pills with alcohol or take medications prescribed for someone else.

Kryger does not recommend over-the-counter sleep aids, which he says may not have been rigorously tested, often cause morning grogginess, and may contain other drugs, such as antihistamines, that are designed to relieve cold or allergy symptoms rather than promote sleep.

The important thing, say the experts, is to realize that you don't have to suffer with insomnia. Finding your way to a good night's sleep may take some effort, but the end result is well worth it. **D**

lying down. The risk increases with age, but overall, RLS is twice as common in women as in men.

- **Pain.** Sources of pain such as migraines, tension headaches, arthritis, and heartburn are all more common among women. In one National Sleep Foundation poll, one in four women said that physical discomfort disrupted their sleep three nights a week or more.
- **Depression and Anxiety.** Both are more common in women than men and both interfere with sleep.

Improve Your Sleep

Adequate sleep—seven to nine hours a night for most adults—is essential for good health. Aside from the increased risk of fatigue-related accidents on the road and in the home, sleep loss has been linked to chronic conditions such as diabetes and cardiovascular disease. "Interesting findings in

mind & body

Hot Flashes— Why Me???

By Stacey Colino



Saúl Herrero/Stockphoto.com



*I JUST
HAD A HOT
FLASH!*

Hot flashes may be the symptom most commonly associated with menopause, but they're hardly a universal experience. Not every woman gets them. If you're one of the unlucky ones, you may be wondering, WHY ME???

And as you may already know from personal experience, the intensity and frequency of hot flashes can range from uncomfortable but bearable to miserable and downright disruptive. “There’s great individual variation,” says Isaac Schiff, MD, chief of the Vincent Obstetrics and Gynecology Service at Massachusetts General Hospital and the Joe Meigs Professor of Gynecology at Harvard Medical School in Boston. “Hot flashes tend to be most intense in the perimenopausal years when women start skipping periods, and are very severe when the ovaries are removed premenopausally. While most women will experience them for six months to two years, some women have hot flashes for decades, and that’s not abnormal.”

In recent years, research has begun to tease out who’s most likely to get them. The Study of Women’s Health Across the Nation (the SWAN study), a multiethnic, longitudinal study of women in the US, found that African-American women are more likely than white and Hispanic women to have hot flashes; so are heavier women (defined as those who have a greater body mass index, or BMI). “The reason why overweight women are more likely to suffer hot flashes isn’t known,” says Schiff. “It may be that the extra body fat is acting as insulation and keeping the heat in.”

In addition, smokers have more hot flashes than non-smokers, though the mechanism isn’t fully understood. Plus, they go through menopause earlier.

Coping Cues

The good news is you don’t have to withstand the heat. You can take steps to adjust your body’s internal thermostat and combat hot flashes with lifestyle changes. Approaches that may help include:

Go for the layered look. If you dress in layers of clothing, you can peel them off when your body starts heating up. Shawls, sweaters, and scarves give you stylish options that help.

Turn down the thermostat. Lower the temperature in your home and office, if possible, or use a fan to

cool off when you need to. Drink a glass of cold water, splash cool water on your face, or run your wrists under cool water when you feel a flash coming on.

Exercise regularly. “Based on my patients, it seems that women who exercise have fewer hot flashes than do sedentary women,” says Douglas H. Kirkpatrick, MD, an ob-gyn in private practice in Denver, CO, and a past president of The American Congress of Obstetricians and Gynecologists. “It may have something to do with the endorphins that are released.”

Lose weight. While it’s been known that women with a higher BMI tend to have worse hot flashes during menopause, it wasn’t clear whether losing weight helps—until now. In a study at the University of California, San Francisco, women who were overweight or obese—half of whom were bothered by hot flashes—participated in a weight-loss intervention or a control group; those who lost weight or inches from their waist experienced an improvement in hot flashes over the six-month program.

Practice yoga. Researchers at the University of California found that when postmenopausal women who were experiencing hot flashes took weekly yoga classes, the frequency and intensity of their hot flashes decreased by 31 percent. “At this stage of life, it’s important to take time for yourself to induce some relaxation on a daily basis,” Kirkpatrick adds. If yoga isn’t your cup of tea, try meditation or another activity that helps you decompress.

Try acupuncture. The results are mixed when it comes to whether acupuncture helps with hot flashes. But a multi-center study from South Korea found that when perimenopausal and postmenopausal women who were experiencing hot flashes received acupuncture treatments, their hot flashes improved significantly over a four-to-eight-week period. “While the science that supports acupuncture or yoga is constantly being studied,” says Schiff, “it is possible that both relieve stress and may also have a placebo effect.”



***TO DATE, "THE BEST
TREATMENT WE HAVE
AVAILABLE FOR HOT
FLASHES IS HT,"
SAYS SCHIFF***

Stronger Ways to Chill Out

If lifestyle measures don't help and hot flashes are driving you around the bend, talk to your doctor about whether you're a candidate for hormone therapy (HT). To date, "the best treatment we have available for hot flashes is HT," says Schiff.

Use the lowest effective dose of hormones and discuss with your doctor at least once a year whether it is appropriate for you to continue. In healthy, nonsmoking, perimenopausal women, oral contraceptives can be used to treat hot flashes. Keep in mind, though, that hot flashes may come back after a woman discontinues HT, in any form. They can also return while a woman is on HT, though this isn't common. If your hot flashes persist or begin while you are on HT, let your doctor know so he or she can look for other causes and perhaps have your thyroid levels checked.

For those who have severe hot flashes and

can't or don't want to use hormone therapy, certain antidepressants—particularly the selective serotonin reuptake inhibitors (SSRIs) like Prozac®, Paxil®, and Zoloft®, and Effexor® (a selective serotonin-norepinephrine reuptake inhibitor, or SNRI)—may reduce the intensity of hot flashes, though they're not approved by the FDA for this purpose. "When they're used for hot flashes, antidepressants usually work within three to four weeks, just like hormone therapy does," says Schiff, who cautions that these drugs do have side effects such as reducing libido and they could also interfere with other drugs women may be taking, such as those for breast cancer treatment.

If you go the hormone therapy or other medication route, stay alert to side effects and unusual symptoms and stay in touch with your doctor about how and when to adjust (or stop) the treatment. That way, you can keep your cool without courting unnecessary risks. **P**

If the Shoe Fits, Get Moving!

Finding the Right Athletic Shoe

By Cathy Cassata



Step 1 Meet Your Feet

Before you begin looking for an athletic shoe, “take the time to get acquainted with your feet,” says Sheryl Strich, DPM, president of the American Association of Women Podiatrists. Strich says feet generally fall into one of three categories: low/flat arch; normal arch; and high arch.

How do you know which foot type you have? A podiatrist can tell by watching you walk, but if a trip to the doctor is the last thing on your to-do list, some drug stores and specialty shoe stores have free foot mapping machines that will analyze your feet in minutes. To figure it out yourself, wet your feet and then walk barefooted on sand or cement, says Jane Andersen, DPM, podiatrist at Chapel Hill Foot and Ankle in Chapel Hill, NC. “Although this doesn’t hold true completely for everyone, C-shaped footprints generally mean you have a high-arched foot, and the wider the footprints get, the flatter your feet tend to be,” she says.

Spot Your Prints: Which Running Shoe is Right for You?

For feet with low arches: Choose a supportive shoe designed for stability and motion control. These shoes help to correct for overpronation.



For feet with normal arches: Choose a shoe with equal amounts of stability and cushioning to help absorb shock.



For feet with high arches: Choose a cushioned running shoe with a softer midsole and more flexibility. This will compensate for the poor shock absorption of a high-arched foot.



Step 2 | Note Pain and Problems

While many problems affect people's feet, Strich says the most common problems she treats in middle-age women are flat feet, plantar fasciitis, bunions, and ingrown toenails. "Look for shoes suited to your problem, but also consider orthotics when necessary," she says. "Custom orthotics are inserts made from a cast of your foot to correct your specific foot deformity."

For flat feet, Kira Harrison, a Brooks footwear merchandising associate, says, "typically, a flat foot is an indicator that you have low or flexible arches, causing you to overpronate. When the foot pronates that means it rolls to the insider faster and to a greater degree than is healthy, which can increase the risk of injury. If you have flat feet, look for a shoe that has support. Support in a running shoe is designed to keep your body aligned and slow your rate of overpronation."

When it comes to plantar fasciitis, a condition that develops when the ligament (plantar fascia) that connects the heel bone to your toe becomes inflamed, Harrison says choose shoes that have rigidity in the midfoot. "By wearing a stiffer shoe, you give your foot a more stable platform, which takes stress off your plantar fascia," she says.

With issues related to the toes, including bunions and ingrown nails, Strich says avoid shoes that narrow out around the toes. "Your toes have to fit in three different ways. You want the toe box to be long enough, wide enough, and tall enough from top to bottom so the height is correct if you have a toe that sticks up or a nail that's thick," she says.

Harrison recommends an open toe box with mesh windows in the area of the bunion. "You want to avoid extra overlays or stiffer material that would lie on top of the bunion and possibly cause rubbing or irritation," she adds.

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Step 3 | Choose a Sport-Specific Shoe

Once you know your foot type and problem areas, Andersen says to choose shoes appropriate for the activity in which you plan to wear them. "If you're going to play tennis, don't wear a running shoe. If you're going to run, don't wear a walking shoe. If you're doing aerobics, don't wear a tennis shoe," she says. The only exception to that rule, she adds, is that you can get away with a running shoe while walking.

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Step 4 | Seek Seal of Acceptance

The American Podiatric Medical Association (APMA) awards its Seal of Acceptance to footwear, materials, insoles, hosiery, and equipment after the APMA scientifically evaluates and determines whether the product allows normal foot function and promotes foot health. For a list of running, walking, toning, training, and other sport footwear awarded the seal, [click here](#).



Step 5 | Visit a Reputable Shoe Store

When you're ready to shop for a new type of athletic shoe, go to a specialty shoe store. "Buying shoes online or at a place other than a reputable shoe store is a bad idea," Anderson says. "You could easily get the wrong shoe and end up with too much control or too little control, which can cause tendinitis or pain in the bones." Once you find the right fit, it's OK to purchase that same shoe at another place, she adds.


Lisa Payne, a fitness expert in Chicago, agrees. "Some specialty shoe stores even have treadmills in their stores so the sales associates can watch how you walk or run and help you pick the best shoe depending on their observation," she says.

If the sales associate recommends going up a half or whole size, Payne says don't be surprised. "A lot of people wonder why they're in a bigger shoe, but every time we walk, we put stress on our feet, which can cause our feet to spread. The larger size keeps the foot from cramping and gives it breathing room," she says. A tight shoe can act like a brace, Payne adds. "If you brace something for too long, your muscles will atrophy," she explains.

The APMA notes that because your feet are not usually the same size, buy a pair based on your larger foot's size, and keep in mind that shoe sizes can vary from brand to brand, so look for a pair that fits comfortably on the first try.

Step 6 | Toss and Replace

When shoes trek between 350 and 500 miles, it's time for new ones, according to Andersen. "One of the most common causes of overuse injuries such as tendinitis, plantar fasciitis, or stress fractures is shoes that are worn out," she says. If you don't know how many miles you've put on a pair and you wear them every day, she says replace them every three to four months.

Payne says to make the tossing easy, buy two or three pairs of the same shoe and rotate them out. "Your feet shouldn't be put into the same shoe every day, anyway. You should rotate them out since your feet get used to the same shoe and muscles atrophy, which can cause problems." 



GO BAREFOOT-ISH

If shoeless is more your style, you might want to consider slipper-style shoes, which fit like a glove on your toes. Manufactured by many shoe companies, including Vibram FiveFingers®, Fila®, Adidas®, and others, the shoes allow your toes to be liberated so that you can move like you are barefoot. Vibram FiveFingers® claims the shoe can strengthen muscles in the feet and lower leg; improve range of motion in ankles, feet, and toes; stimulate neural function important to balance and agility; eliminate heel lift to align the spine and improve posture; and allow the foot and body to move naturally. Sounds intriguing, right? But don't rush into wearing this style of shoe. It might take time for your feet to adjust. "They are a big trend right now, but ask a podiatrist if they're a good fit for you," says Lisa Payne, a Chicago-based fitness expert. "You have to wear them for a few minutes at a time to build up your muscles and get used to the way they feel."



food & fitness

Your Guide to Yogurt

By Winnie Yu



Enter the dairy aisle at any supermarket to select some yogurt and you're apt to feel overwhelmed. Plain or Greek? Smoothie or kefir? Live cultures or not? Gone are the days when your only option was to decide whether to get a yogurt with fruit mixed into it or down on the bottom. These days, the choices seem endless.



Whether you're looking to build bone, feel full, or boost your gastrointestinal health, all yogurts have one thing in common: They're all made with live bacterial cultures that convert pasteurized milk to yogurt during fermentation, giving yogurt that distinct sour taste. These good bacteria are also responsible for yogurt's health benefits. Although the nutrients may vary from type to type, all types of yogurt and kefir, which is fermented milk drink, are beneficial for the human body, says Lauren Schmitt, MS, RD, owner of Healthy Eating and Training in Studio City, CA.

The Bone Benefits

If you're looking to yogurt to boost bone health, your best bet is regular yogurt and kefir, which

Jonathan Kantor/Lifesize/Getty Images; B2M Productions/Photographer's Choice/Getty Images



Nutrition Facts	
Serving Size 6 oz	
Servings Per Container About 1	
Amount Per Serving	
Calories 150	Calories from Fat 20
% Daily Value*	
Total Fat 2g	3%
Saturated Fat 1.5g	8%
Trans Fat 0g	
Cholesterol 10mg	0%
Sodium 110mg	5%
Potassium 370mg	11%
Total Carbohydrate 24g	8%
Sugars 24g	
Protein 8g	16%
Vitamin A 0%	Vitamin C 2%
Calcium 25%	Iron 0%
<small>*Percent Daily Values are based on a 2,000 calorie diet.</small>	

Ingredients: Cultured grade A reduced fat milk, sugar, natural vanilla flavor pectin. Contains active yogurt cultures including *L.acidophilus*.

*Check the ingredient label to see if your yogurt contains bacteria with names like *Lactobacillus acidophilus*, *L. casei*, *L. reuteri*, and *Bifidobacterium bifidum* (or *Bifidus*). These are the healthy bacteria that can help improve digestive health and boost your immune system.*

contain 20 percent to 35 percent of your calcium needs in six ounces, Schmitt says. "Greek-style yogurt and skyr, a yogurt from Iceland, tend to have less calcium, meeting about 20 percent of our daily calcium requirement in six ounces," she says.

Yogurts dubbed "lite" are generally not the best source of calcium, says Tamara Deuker Freeman, MS, RD, a nutritionist in New York City. "They cut out the actual milk to cut calories and replace it with fillers to provide substance," Freeman says. "If calcium is what you're after, a standard, non-Greek, non-diet, lowfat yogurt is the best choice."

Yogurt is also a good source of vitamin D when it's properly fortified. Vitamin D is a fat-soluble vitamin essential to the absorption of calcium. "If the product is not fortified, very little vitamin D is present," Schmitt says. On the other hand, a fortified yogurt may contain as much as 20 percent of the vitamin D you need, which makes it an excellent source. But because vitamin D is not required to be on a nutrition facts label, the exact amount is not always known.

The Pros of Yogurt

Although Greek yogurt doesn't have as much calcium, it is packed with protein, which helps build muscle. It also helps you feel satiated. A six-ounce serving of Greek and skyr yogurt has 14 grams of protein, while a regular yogurt has about five grams of protein, Schmitt says.

Most yogurts are also rich in probiotics, the healthy bacteria that help our digestive system stay well and boosts our immune systems. Exactly how many probiotics you're getting in any yogurt, however, isn't easy to know.

"Many companies do not list how many live and active cultures are present in each container," Freeman says. "Some brands heat-treat the yogurt, which kills the bacterial cultures so that there are no more live and active cultures present in the final product. Also, when it comes to yogurt cultures, different brands use different bacteria, and not all bacteria have clinically demonstrated probiotic benefits for human health."

Even some frozen varieties have probiotics, but kefir typically has the most. "Kefir is a wise choice when you're taking

antibiotics and need to replenish intestinal flora," Schmitt says.

Check the ingredient label to see if your yogurt contains bacteria with names like *Lactobacillus acidophilus*, *L. casei*, *L. reuteri*, and *Bifidobacterium bifidum* (or, *Bifidus*). These are the healthy bacteria that can help improve digestive health and boost your immune system. You can also look for the National Yogurt Association's "Live and Active Cultures" seal.

The Sugar Factor

Like any food these days, many yogurts contain added sugar. Sugar can boost a yogurt's carbohydrate content and calories but doesn't add any healthful nutrients.

Yogurt smoothies, for instance, tend to have a lot of sugar. If you like your yogurt as a beverage, consider drinking kefir or making your own instead of buying a premade smoothie. "Smoothies made with nonfat, plain yogurt, fresh or frozen fruit, 100 percent juice or milk, and a drizzle of honey can be a quick breakfast, or mid-morning or afternoon snack and are a great way to enjoy yogurt," says Sarah Krieger, MPH, RD, a



“Buy different types each week so that you get the benefits from all of them.”

spokesperson for the Academy of Nutrition and Dietetics.

Sugar is also common in frozen yogurt, which helps explain why half a cup of frozen yogurt has the same number of calories as a half cup of plain yogurt. “Frozen yogurt can be quite high in added sugar if it is flavored,” Schmitt says. “Oftentimes, people do not stick to one serving of frozen yogurt either and may eat 12-14 ounces, which is a hefty dose of sugar.”

Still, she says, frozen yogurt is a better option than cake or other desserts because it contains calcium, vitamin D, and probiotics.

If You’re Intolerant

For people who want the benefits of dairy foods but are lactose

intolerant, yogurt is a great option because it contains less lactose than milk and ice cream. But lactose content varies by yogurt.


“Standard yogurts have the most lactose with about 12 grams per six-ounce serving, followed by goat’s milk yogurt that naturally has about a third less and true Greek-style strained yogurt, which also has about seven grams per six-ounce serving,” Freeman says. Some brands, she says, add extra milk protein to their yogurt to boost the protein content, making them even harder to tolerate.

If you want a lactose-free yogurt, look for one with the lactase enzyme. Another option is plain kefir, which is 99 percent lactose free.

Taste and Texture

Of course, a key factor in deciding which yogurt to eat is your own palate.

“Greek yogurt tends to be quite thick and less smooth while regular yogurt is silkier and thinner,” Schmitt says. “Kefir is a drink so it’s the thinnest of all but has a stronger yogurt flavor than the others. Skyr Icelandic yogurt is another great option that is similar to Greek yogurt, but tends to be a bit more tart.”

Still overwhelmed? Here’s what Schmitt suggests: “Buy different types each week so that you get the benefits from all of them.” 

Tests You Need Now

*Hepatitis C
Blood Test*

Did you know that if you were born between 1945 and 1965 you are at increased risk for having the hepatitis C virus (HCV)? In fact, although adults born during these two decades make up only 27 percent of the total population, they account for approximately three-fourths of all HCV infections in the US. And most of them don't know it because it is a silent disease. Many Baby Boomers were unwittingly infected with the virus throughout the 1970s and 1980s when HCV was at its highest levels.

An estimated 3.2 million Americans have HCV—the most common chronic blood-borne infection in the US. Approximately 15 percent to 25 percent of people naturally clear the virus from their body without treatment, but 75 percent to 85 percent do not and develop a life-long chronic infection.

The problem of undiagnosed HCV is serious enough that the US Centers for Disease Control and Prevention (CDC) now recommends that everyone born between 1945 and 1965 get a one-time HCV blood test, regardless of whether they have symptoms or other risk factors. Most people with chronic HCV do not have symptoms until decades after initial infection. Symptoms can include decreased appetite, fatigue, nausea, muscle or joint pain, weight loss, pale stools, dark urine, and jaundice.

What It Is

HCV spreads through blood-to-blood contact and if left untreated, causes liver swelling, scarring of the liver (cirrhosis), liver cancer, and death. Prior to widespread blood supply screening in 1992, HCV spread mainly through blood transfusions and organ transplants. Many people with hemophilia who took blood clotting products before 1987 were also exposed to the virus. Other people at risk include those who have spent many years on dialysis, health care workers injured by needle sticks, and people pierced or tattooed with unsterilized instruments. Today, intravenous drug use is the most common cause of HCV infection. In rare cases, it can be transmitted through sexual contact.

Get Tested, Get Treated

The sooner you get tested for HCV, the better. Most people who become the sickest or die from it have had HCV for many years but were unaware of their infection. Early diagnosis and treatment can help prevent liver damage, cirrhosis, and liver cancer.

If you have HCV, you may be a candidate for drug treatment to clear the virus from your blood stream and reduce your risk of future health complications. Treatment for HCV lasts from 24 to 48 weeks. Abstaining from alcohol and controlling your weight can also help prevent complications from HCV.

Did You Know?

- Nearly three of every four (73 percent) Americans who die from HCV-related conditions were born during 1945 to 1965
- Unlike hepatitis A and B, there is no vaccine against hepatitis C
- Most (45 percent to 85 percent) people with HCV have no symptoms
- HCV is a leading cause of liver cancer and the leading cause of liver transplants

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